

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

07480227

FILING DATE

10/01/03

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	11					
2		1				
3						
4		1				
5	1					
6		1				
7						
8						
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42	1					
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49						
50						
TOTAL IND.	10					
TOTAL DEP.	32					
TOTAL CLAIMS	42					

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TOTAL DEP.						
TOTAL CLAIMS						